IV B. State Priorities

2000 -- 2004 OMCH Priorities

The following summarizes the relationship between Washington State's OMCH priorities and the state and national performance measures, outcome measures, and health systems capacity indicators for the 2000 -- 2004 Priorities.

Improving access to comprehensive prenatal care.

NPM 15, 17, 18

SPM 3, 6, 8

OM 1-5

HSCI 4, 9a

Improving oral health status and access to oral health care services.

NPM9

HSCI 9a

Improving the coordination of services for children with special health care needs.

NPM 2 - 7

SPM 4

HSCI 1, 8, 9a

Improving early identification, diagnosis and intervention services and coordination of services.

NPM 1, 7, 12 - 14

SPM 7, 8, 10

HSCI 2, 3, 5 - 8, 9a

Decreasing family violence.

SPM 6

HSCI 9a

Decreasing unintended pregnancy and teenage pregnancy.

NPM 8

SPM 1

HSCI 9a

Improving mental health status.

NPM 16

SPM 7

HSCI 9a

Ensuring surveillance capacity for children with special health care needs.

SPM 4

HSCI 9a

Decreasing tobacco use.

SPM 2, 5, 8

HSCI 9a, 9b

Improving nutritional status. NPM 11 SPM 9 HSCI 9a, 9c

NOTE: For the 2000 - 2004 Priorities, one performance measure and one outcome measure (NPM10 and OM 6), are not directly addressed, but are addressed by OMCH through partnership and collaboration with our partners in the Injury Prevention Program.

2005 -- 2009 OMCH Priorities

As part of the 2005 Five Year Needs Assessment, OMCH developed nine priorities. Attached is a crosswalk between the 2000 - 2004 priorities and the new 2005 - 2009 priorities and a crosswalk between the old state performance measures and the new state performance measures. As the 2005 Needs Assessment is finalized, more state performance measures will be developed based on the nine priorities established in the needs assessment process and added to the 2007 MCH Block Grant Application.

The following summarizes the relationship between Washington State's OMCH priorities and the state performance measures at this stage of development, national performance measures, outcome measures, and health systems capacity indicators.

Appropriate nutrition and physical activity for the MCH population NPM 11, 15 OM 1-5 SPM 7 HSCI 5, 9a HSI 1a-b, 2a-b

Lifestyles free of substance use and addiction among adolescents and women NPM 10, 15 OM 1-5 SPM 2, 3 HSCI 1, 9b HSI 1a-b, 2a-b, 3a-c, 4a-c

Optimal mental health and healthy relationships NPM 2, 6, 11, 16 OM 6 SPM 4 HSCI 4

Healthy physical and social environments/communities for the MCH population HSCI 1

Safe environments/communities for the MCH population NPM 10, 16 OM 6

SPM 3 HSI 3a-c, 4a-c

Healthy physical, emotional, cognitive and social development of all children NPM 6, 11, 12 SPM 4, 8

Sexually responsible and healthy adolescents and women NPM 8, 18 SPM 1, 3 HSCI 4 HSI 5a-b

Access to preventive and treatment services for the MCH population NPM 3-7, 9, 12-14, 17-18 OM 1-5 SPM 1, 3, 6, 7 HSCI 3-8

Screening, identification, intervention, and care coordination for the MCH population NPM 1-3, 5-7, 9, 12, 17, 18 OM 1-5 SPM 3, 4, 6, 8 HSCI 2-5, 7

/2007/ The "Healthy physical, emotional, cognitive and social development of all children" priority has been revised to "Healthy physical growth and cognitive development" to reflect that healthy emotional and social development are addressed in the "Optimal mental health and healthy relationships" priority.

The "Healthy physical and social environments/communities for the MCH population" and the "Safe environments/communities for the MCH population" priorities have been combined into one priority called "Safe and healthy communities for the MCH population." An additional priority is being developed to address health disparities.

The relationship between the new priority (Safe and healthy communities) and the state and national performance measures, outcome measures, health status indicators, and the health system capacity indicators is as follows:

Safe and healthy communities for the MCH population HSCI 1 NPM 10, 16 OM 6 SPM 3 HSI 3a-c. 4a-c

The "Reduce health disparities for the MCH population" priority is under development. Relationships between this priority and the performance measures, outcome measures, health status indicators, and health sytems capacity indicators will be determined as we continue to develop this priority.//2007//